

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 614677

1. Entity Name

CONTINENTAL MUTUAL MORTGAGE CORPORATION

Principal Place of Business

706 S DIXIE HWY  
SECOND FLOOR  
CORAL GABLES FL 33146

Mailing Address

706 S DIXIE HWY  
SECOND FLOOR  
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OLSEN, THOMAS W. III  
706 S DIXIE HWY 2ND FLOOR  
MIAMI, FLORIDA  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Thomas W. Olsen III*  
Signature, typed or printed name of registered agent and title if applicable.

*Thomas W. Olsen III*  
(NOTE: Registered Agent signature required when reinstating)

*9/14/2001*  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME OLSEN, THOMAS W III  
STREET ADDRESS 11820 SW 62 PLACE  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE STV  
NAME OLSEN, SHEILA G.  
STREET ADDRESS 11820 S.W. 62 PL  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Thomas W. Olsen III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*9/14/2001*

Daytime Phone #

305

*604-2121*

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90161 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0185019

CR2E034 (10/00)